

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	1-24-01
FORMALITY REVIEW	8m	657	02-07-01
RESPONSE FORMALITY REVIEW	8m	657	5/25/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/10/01
2	✓	✓	5/10/01
3	✓	✓	5/10/01
4	✓	✓	5/10/01
5	✓	✓	5/10/01
6	✓	✓	5/10/01
7	✓	✓	5/10/01
8	✓	✓	5/10/01
9	✓	✓	5/10/01
10	✓	✓	5/10/01
11	✓	✓	5/10/01
12	✓	✓	5/10/01
13	✓	✓	5/10/01
14	✓	✓	5/10/01
15	✓	✓	5/10/01
16	✓	✓	5/10/01
17	✓	✓	5/10/01
18	✓	✓	5/10/01
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25	✓	✓	5/10/01
26	✓	✓	5/10/01
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28	✓	✓	5/10/01
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31	✓	✓	5/10/01
32	✓	✓	5/10/01
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42	✓	✓	5/10/01
43	✓	✓	5/10/01
44	✓	✓	5/10/01
45	✓	✓	5/10/01
46	✓	✓	5/10/01
47	✓	✓	5/10/01
48	✓	✓	5/10/01
49	✓	✓	5/10/01
50	✓	✓	5/10/01

Claim	Final	Original	Date
51	✓	✓	5/10/01
52	✓	✓	5/10/01
53	✓	✓	5/10/01
54	✓	✓	5/10/01
55	✓	✓	5/10/01
56	✓	✓	5/10/01
57	✓	✓	5/10/01
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62	✓	✓	5/10/01
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64	✓	✓	5/10/01
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66	✓	✓	5/10/01
67	✓	✓	5/10/01
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69	✓	✓	5/10/01
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76	✓	✓	5/10/01
77	✓	✓	5/10/01
78	✓	✓	5/10/01
79	✓	✓	5/10/01
80	✓	✓	5/10/01
81	✓	✓	5/10/01
82	✓	✓	5/10/01
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84	✓	✓	5/10/01
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87	✓	✓	5/10/01
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89	✓	✓	5/10/01
90	✓	✓	5/10/01
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92	✓	✓	5/10/01
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96	✓	✓	5/10/01
97	✓	✓	5/10/01
98	✓	✓	5/10/01
99	✓	✓	5/10/01
100	✓	✓	5/10/01

Claim	Final	Original	Date
101			
102			
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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